

APPLICATION FOR FEDERAL ASSISTANCE- Individual		Version 1	
1. *NAME OF FEDERAL AGENCY		3. DATE RECEIVED:  <b>SYSTEM USE ONLY</b>	
2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  □□-□□□ CFDA TITLE:		4. *FUNDING OPPORTUNITY NUMBER:  TITLE:	
<b>5. APPLICANT INFORMATION</b>			
a. Name and Contact Information			
*Prefix:	*First Name:	Middle Name:	
*Last Name:			Suffix:
Email:		*Telephone Number (Daytime):	
Fax Number:		Telephone Number (Evening):	
b. Address			
*Street 1:			
Street 2:			
*City:		County:	
*State:		Province:	
*Country:		*Zip/Postal Code:	
c. Citizenship Status: * U.S. Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No  If No If permanent resident of U.S., enter Visa#:  If foreign national, enter country of citizenship:  If foreign national, start date of most recent residency in U.S.:		d. Social Security Number (SSN):  □□□□□□□□	
		e. *Congressional District of Applicant:  □□-□□□□	
<b>6. PROJECT INFORMATION</b>			
a. *Project Title:		c. *Proposed Project Start Date: End Date:	
b. *Project Description:			
7. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) <input type="checkbox"/> ** I AGREE **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
*Signature		*Date Signed	

# INSTRUCTIONS FOR THE SF-424I

Public reporting burden for this collection of information is estimated to average **TBD** minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, **to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.**

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific instructions.

Item		Item	
1.	<b>Name of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.	6.	<b>Project Information:</b> Enter the following in accordance with agency instructions:
2.	<b>Catalog of Federal Domestic Assistance (CFDA) Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested with this application, as found in the program announcement, if applicable.		<b>a. Project Title:</b> (Required) Enter a descriptive title of the project.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.		<b>b. Project Description:</b> (Required) Enter a brief description of the project.
4.	<b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.		<b>c. Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
5.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions:	7.	<b>Certification Statement:</b> (Required) Enter X in the checkbox to accept the certification statement. Signature and date signed completed upon submission to Grants.gov
	<b>a. Name and Contact Information:</b> Enter the legal name (First and Last name required), email (Required), telephone number (Line 1 required), and fax number of the applicant that will undertake the assistance activity.		
	<b>b. Address:</b> Enter the complete address as follows: Street address or P.O. Box (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
	<b>c. Citizenship Status:</b> (Required) Check Yes if applicant is a citizen of the United States. Check No if applicant is a permanent resident of the United States and enter the visa#. Check No if applicant is a foreign national and enter the country of citizenship and start date of most recent residency in the United States.		
	<b>d. Social Security Number (SSN):</b> Enter the applicant's 9-digit Social Security Number.		
	<b>e. Congressional Districts of:</b> (Required): Enter the applicant's Congressional District. Enter in the format: 2 characters State Abbreviation- 2-3 characters District Number, e.g., CA-12 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> districts.  Congressional District information may be obtained by visiting the Grants.gov website.		